

Review of: "Cleft Lip and Palate Repairs in X, "Sourire de l'Espoir" Humanitarian Missions' Experience: A Retrospective Study of 201 Consecutive Cases"

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Potential competing interests: No potential competing interests to declare.

A retrospective report of the [Sourire de l'Espoir] humanitarian mission for patients with Cleft Lip and Palate (CLP) operated between 2008 and 2013, which was sponsored by the non-governmental organization named [Chaine de l'Espoir] was studied in this paper. I have a couple of revisions to recommend.

I appreciated the report of surgical corrections to the patients with Cleft Lip and Palate in this humanitarian mission. It is an actual approach to improve the oral health of the (African) population. However, I wonder if this affection could have been prevented. May we consider that from the end of the sixth until the tenth week of intrauterine development, the palatal embryogenesis is occurring, which renders it susceptible to teratogenic insults. Mothers' folate dietary intake and photolysis of folate inside cutaneous blood vessels by ultra-violet irradiation have been associated with the etiology of CLP. The risk is increased to sub-tropical inhabitants. For this reason, the location, at which the humanitarian mission was carried out, is a query to this study. This would be helpful to future studies and to designing programs of health care.

Actually, the article is well-written and very elucidative. I suggest to discuss the issues cited above and present these information in the demographic data, as far as it is possible. Just another concern is where were the patients operated? Were their CLP surgery followed at a hospital? Were all patients treated at the same hospital?

Finally, I find that this is a great experience, even though the study did not intend to provide epidemiological data for CLP. The division between adolescents and adults in the age 15 years is interesting. The illustration (above the title) is sound and the Table 3 is a highlight. The distribution of the repair technique according to the type of cleft is very informative. How important is the teeth positions after the surgical repair in the authors' point of view, as the name of the mission was [sourire l'espoir] smile of hope? Do they consider that closing the gap (cleft-CLP) is enough to a better quality of life? I am looking forward to read the published article with my amendments.